

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 11 OF 18
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Psychiatric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Cassandra F Newkirk MD,PC

Mailing Address 22306 Misty Woods Way

City	State	Zip Code
Boca Raton	FL	33428-3838

FEC ID number of contributing
federal political committee.

C

Name of Employer

Correct Care Solutions

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2015

Transaction ID : C3115535

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. David Pickar MD

Mailing Address 4915 Dorset Ave

City	State	Zip Code
Chevy Chase	MD	20815-5441

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2015

Transaction ID : C3115534

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

c. Elizabeth Anne Ramsey DO

Mailing Address 7609 Oakwilde Dr

City	State	Zip Code
Fairview	PA	16415-2074

FEC ID number of contributing
federal political committee.

C

Name of Employer

Meadville Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2015

Transaction ID : C3115550

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1050.00